

FILED  
08 MAY 12 PM 1:53  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-1119

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

PEOPLE OF THE  
UNITED STATES of America  
Plaintiff,

vs.

JUDGE SUSAN ILLSTON  
Defendant.

CASE NO. \_\_\_\_\_

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

RMW

I, VINCENT ROSENBALM, declare, under penalty of perjury that I am the **(PR)** plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: Approx \$80-100 month Net: Approx \$80-100 month

Employer: NAPA STAR Hospital

2100 NAPA VALLEJO HIGHWAY NAPA, CA 94558

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes ☒ No ☐  
 10 self employment  
 11 b. Income from stocks, bonds, Yes ☐ No ☒  
 12 or royalties?  
 13 c. Rent payments? Yes ☐ No ☒  
 14 d. Pensions, annuities, or Yes ☐ No ☒  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes ☒ No ☐  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 Hospital Welfare 12<sup>50</sup> month  
 22 375 AUTHOR HOUSE PUBLISHING

23 3. Are you married? Yes ☐ No ☒

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

JDR (17)  
 NONE AT PRESENT DUE TO ILLEGAL IMPRISONMENT

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

6. Do you own an automobile? (2) Yes ☒ No ☐

Make SUBARU Year 1992, 1993 Model LEGACY

Is it financed? Yes ☐ No ☒ If so, Total due: \$ \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: \_\_\_\_\_

Present balance(s): \$ \_\_\_\_\_

Do you own any cash? Yes ☒ No ☐ Amount: \$ Approx \$25

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☒ No ☐

PERSONAL PROPERTY Estimated \$15,000

8. What are your monthly expenses?

Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
0	\$ 0	\$ 0
0	\$ 0	\$ 0
0	\$ 0	\$ 0

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

Credit Card Debt AT \$5-10,000.00  
School Loans ESTIMATE \$5-10,000.00

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

COURT OF APPEALS CASE 08-15941

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

5/8/08

DATE

Vincent Rosenbalm

SIGNATURE OF APPLICANT

PROOF OF service

5/8/08

I am an American Citizen  
over 18 years of age

ON 5/8/08 I served the within

A) FINANCIAL RECORDS

by placing a copy in the  
Napa State Hospital mail  
addressed to:

U. S. DISTRICT COURT

450 GOLDEN GATE AVE

PO BOX 36060

SAN FRANCISCO, CA 94102

from

Vincent Rosenbalm

2100 Napa Valley Highway

Napa, CA 94558

Under the Penalty of Perjury  
This is true and correct  
to the best of my knowledge.

Vincent Rosenbalm

VINCENT ROSENBLUM  
2100 NAPA VALLEY HIGHWAY  
NAPA, CA 94558

OAKLAND CA 946

END MAY 2008 PM 2 L

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO CA 94102-9680

NOT POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

